U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 415%

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 /

3. Name and address of person filing. Name NORMA P.O. Box, Bidg., Room No., if any 12TH FLOOR Street 310 W. 43rd STREET City NEW YORK	4. Name, file number, and address of labor organization. Name NEW YORK'S HEALTH&HUMAN SERVICE UNION 1199SEIU Labor Organization File Number 031-847 P.O. Box, Building and Room Number, if any Street 310 W. 43rd STREET
P.O. Box, Bldg., Room No., if any 12TH FLOOR Street 310 W. 43rd STREET	Labor Organization File Number 031-847 P.O. Box, Building and Room Number, if any
Street 310 W. 43rd STREET	P.O. Box, Building and Room Number, if any
Street 310 W. 43rd STREET	
SIOW - FOLK SIABEL	Street 310 W. 43rd STREET
City NEW YORK	
the state of the s	City NEW YORK
State New York ZIP Code + 4 10036	State New York ZIP Code + 4 10036-6407
5. Position in labor organization. EXECUTIVE VICE-PRESIDENT	
	BOOK TO BE TO THE STATE OF THE
	The second secon
Enter appropriate data below If, during the past fiscal year, you or your spouse (except as specified in the exclusion	se or minor child directly or indirectly had any of the following interests ions set forth in the instructions):
	The state of the s
A. Held an interest in, engaged in transactions (including loans) with, or de monetary value from an employer whose employees your organization	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Seasona and the season and the seaso	7.b. Amount.
Street	
City City	
State ZIP Code + 4	The state of the s
Signat	न बहु १९९५ । १८ म्हरू १८ म्हरू ture १९५४ - १५६५ - अस्टिस अस्टिस १८ १५६ व १८ १५
15. Signature and verification. The undersigned declares, under penalty of Pe submitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section	ig documents), has been examined by the signatory and is, to the best of the
Signed 3 Mars a A A A A A	On 7/2705 212-603-1139
Signed Norma Yms Vergian	Date Telephone Number
	Date Leephone number

Name of Person Filing NORMA AMSTERDAM	File Number	U-		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise	-		
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name 1199 NATIONAL BENEFIT FUND*	innovani.			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 330 W. 42nd STREET	C. Employer			
City NEW YORK				
State New York ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	PROVIDING VARIOUS HEALTH AN EMPLOYEES COVERED BY 1199'S AGREEMENTS.	교수의 글에 가고 있다. 그 그 그 그리고 있는 그 그 사용 관심이 되었다.		
Trade Name, if any:	*THE 1199 NATIONAL BENEFIT	FUND IS THE PAYING AGENT		
P.O. Box, Bldg., Room No., if any	FOR TRUSTEE CONFERENCES AND FUNDS.	MEETINGS FOR SEVERAL		
Street	11.b. Approximate dollar value of such dea	ling.		
City	12.a. Nature of interest held or income re	received.		
State ZIP Code + 4	AS A TRUSTEE OF THE 1199 NA ATTENDED A CONFERENCE AND A WHICH I RECEIVED TRAVEL, LO CONFERENCE-RELATED EXPENSES	TRUSTEES MEETING FOR DGING, MEALS AND OTHER		
	12.b. Amount.	\$901		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	tilakkikkiliki jalitusussagunopusposyyyssaannannasyysi aanankistikkilikiliki		
(including trade name, if any).				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing NORMA AMSTERDA	Name	of Person	Filing	NORMA	AMSTERDAM
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File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name 1199 HOSPITAL LEAGUE PLANNING&PLACEMENT FUND	a. Labor Organization
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 330 W. 42nd STREET	c. Employer
City NEW YORK	
State New York ZIP Code + 4 10036	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PROVIDES INDUSTRY JOB PLANNING AND PLACEMENT SERVICES FOR EMPLOYEES COVERED BY 1199 COLLECTIVE BARGAINING AGREEMENTS
Trade Name, if any:	DARGAINING AGREEMENTS
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
*	12.a. Nature of interest held or income received.
	AS A TRUSTEE OF THE 1199 HOSPITAL LEAGUE HEALTH CARE INDUSTRY PLANNING AND PLACEMENT FUND, I ATTENDED A CONFERENCE FOR WHICH I RECEIVED TRAVEL, LODGING AND OTHER CONFERENCE-RELATED EXPENSES
	12.b. Amount. \$1,173

Name of Person Filing	NORMA	AMSTERDAM
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File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name HOSPITAL LEAGUE/1199 TRAINING&UPGRADING FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 330 W. 42nd STREET City NEW YORK State New York ZIP Code + 4 10036	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	PROVIDES VARIOUS JOB TRAINING AND BENEFITS TO EMPLOYEES COVERED BY 1 BARGAINING AGREEMENTS	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	Sensai I rina aranan et emminina provi trocki intersionem employopourim de artimol
	AS A TRUSTEE FOR THE HOSPITAL LEAG AND UPGRADING FUND, THE 1199 HOSPI CARE INDUSTRY PLANNING & PLACEMENT 1199 JOB SECURITY FUND, I ATTENDED MEETING FOR WHICH I RECEIVED EXPEN MEALS	TAL LEAGUE HEALTH FUND AND THE A TRUSTEES
	12.b. Amount.	\$467